



**Amendment Under 37 C.F.R. § 1.116  
Group Art Unit 2625, Expedited Procedure**

03650.000139.

## PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re Application of:**

KISHAN B. SHAH

Application No.: 09/750,602

Filed: December 28, 2000

For: SYSTEM AND METHOD FOR  
EFFICIENT DETERMINATION  
OF RECOGNITION INITIAL  
CONDITIONS

Examiner: C. Sukhaphadhana  
Group Art Unit: 2625

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SEP 02 2004

## Technology Center 2600

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated May 26, 2004, please amend the  
ed application, as follows:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 26, 2004  
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)  
(Name of Attorney for Applicant)

(Name of Attorney for Applicant)

Michael S. Difesa (Name of Attorney for Appellee)  
Signature

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**Signature**

August 26, 2004  
Date of Signature



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Amendment Under 37 C.F.R. § 1.116  
Group Art Unit 2625, Expedited Procedure

In re Application of:

KISHAN B. SHAH

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DETERMINATION OF RECOGNITION  
INITIAL CONDITIONS

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COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	- 0 -
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Michael K. O'Neill  
Attorney for Applicant  
Michael K. O'Neill  
Registration No. 32,622

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New York, New York 10112-3800  
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Form #120

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